



ANNUAL REPORT

2005-06

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1. Introduction

The Office of the Public Guardian takes its legislative authority from the *Guardianship and Administration Act 1995*. The Act was proclaimed and came into operation on 1 September 1997.

According to the Australian Bureau of Statistics, more than 14,000 Tasmanian citizens (or 3% of the population) are estimated to be limited in their capacity to make reasoned decisions in their own best interests due to conditions like:

- A dementia (like Alzheimer's Disease)
- A psychiatric condition
- An intellectual disability
- An acquired brain injury caused by illness, accident or other trauma.

The number of people with such disabilities is increasing as:

- The population ages – with people over the age of 65 predicted to increase from 12% of the population to 20% of the population within the next 30 years (with associated age-related decision-making disabilities)
- Medical technology is better able to prolong the lives of people who have a disability, or who sustain an acquired brain injury, affecting cognitive function.

The *Guardianship and Administration Act 1995* acknowledges the specific ways in which people with decision-making disabilities may be vulnerable and therefore require special consideration and support.

The main functions of the Office include:

Advocacy and Representation

- The Public Guardian promotes, speaks for and protects the rights and interests of persons with a disability;
- deals with service providers on behalf of persons with a disability; and
- represents persons with a disability before the Guardianship and Administration Board (the Board).

Investigation

- The Public Guardian investigates, reports and makes recommendations to the Minister on any matter relating to the operation of the Act;
- investigates complaints and allegations about the actions of a guardian or an administrator or someone acting under a power of attorney; and
- investigates any matter referred by the Board.

Guardianship

- The Public Guardian acts as guardian or administrator when so appointed by the Board ensuring as much personal autonomy and respect for the wishes of the represented person as possible.

Systemic Issues

- The Public Guardian fosters the provision of services and facilities for persons with a disability;
- supports the establishment of organisations which support persons with a disability; and
- encourages the development of advocacy and education.

Information

The Public Guardian:

- disseminates information concerning the functions of the Public Guardian, the Board, and the operation of the Act; and
- gives advice on the Act and alternatives to the Act.

2. How are the Public Guardian and the Guardianship and Administration Board different?

The Public Guardian and the Guardianship and Administration Board are separate entities, with distinct roles and functions.

The Guardianship and Administration Board is the entity that makes decisions about the need for a guardian or administrator to be appointed. It can require the Public Guardian to conduct investigations and report back to the Board, and provide legal authority for the Public Guardian to enter premises where a person with a disability is in danger.

The Public Guardian provides advocacy services on both an individual and systemic basis, acts as guardian when appointed by the Board, conducts investigations, mediates problems, and makes decisions for clients in accordance with the principles outlined in the Act. It can seek direction from the Board about any matter. It is not a service provider, but rather works with service providers to ensure that the needs and wishes of persons with disabilities are being met.

Because guardianship involves removing existing legal rights from a person with a disability, the Public Guardian has a role to play to ensure that guardianship is used as a last resort. The Public Guardian often plays a role in trying to mediate or resolve problems prior to a Board hearing so that, if possible, there is no longer a need for guardianship. If the Public Guardian is appointed as a person's guardian, and there is no longer a need for guardianship, the Public Guardian has a responsibility to apply to the Board to revoke the guardianship order.

3. Determining what is in the “best interests” of a person under guardianship

The guardian must act:

- in consultation with that person, taking into account, as far as possible, his or her wishes; and
- as an advocate for that person; and
- in such a way as to encourage that person to participate as much as possible in the life of the community; and
- in such a way as to encourage and assist that person to become capable of caring for himself or herself and of making reasonable judgements relating to his or her person; and
- in such a way as to protect that person from neglect, abuse or exploitation.

4. Who are the Public Guardian and staff?

Public Guardian

Lisa Warner was appointed as Public Guardian on 1 September 1997. She completed degrees in Arts and Sciences and Law, having studied in Canada, France, and Australia. She also holds an Advanced Diploma in Financial Services (Financial Planning). She has worked as an Ombudsman at the University of Saskatchewan, Canada, the Canadian Human Rights Directorate, Ottawa. She was admitted as a Barrister and Solicitor in Western Australia in 1990, worked in private legal practice in Western Australia, and managed litigation and legislation at the Health Department of Western Australia.

Deputy Public Guardian

Margaret Colville was appointed as Deputy Public Guardian in June 1998. Margaret was a member of the Guardianship and Administration Board since 1988, and has been involved with the Down Syndrome Association, “The Towers Incorporated”, the Australian Association of Special Education, and Colony 47. Margaret was named as a Member of the Order of Australia in 2002 in recognition of her contribution to the lives of people with disabilities.

Guardian - North/North West

Kevin Preece joined the office of the Public Guardian in November 2000 as Guardian North/North West. Kevin had a long and successful career in the Statutory Trustee industry holding the position of General Manager of Tasmanian Trustees Limited for a period of 23 years until September, 2000. He is a member of the Australian Institute of Company Directors, a Director of the Tasmanian Community Fund and has roles on a number of private company boards. Kevin is a past President of the Rotary Club of South Launceston and was awarded a Paul Harris Fellowship for service to Rotary and his community.

Guardian – North/North West

Kylie Hillier commenced working with the Office of the Public Guardian in May 2005. Kylie's experiences include project management with a business simulation company and a dot-com auction house in London. Her commitment to social justice has led to several years experience working in disability support in Ireland and in advocacy in both the Disability sector as the Willow Court Advocate at New Norfolk and in Aged Care across Northern Tasmania. Kylie integrates her role as a Guardian with other rewarding challenges such as helping her husband build their house, being mum to her baby daughter, belonging to an amateur theatre company and dreaming of her next travel destination.

5. Office Location

The Public Guardian is located on Level 3, 15 Murray Street, Hobart and is contactable on (03) 6233 7608. Other staff work from their respective home-based offices.

6. Major Program Achievements

Guardianship and Administration

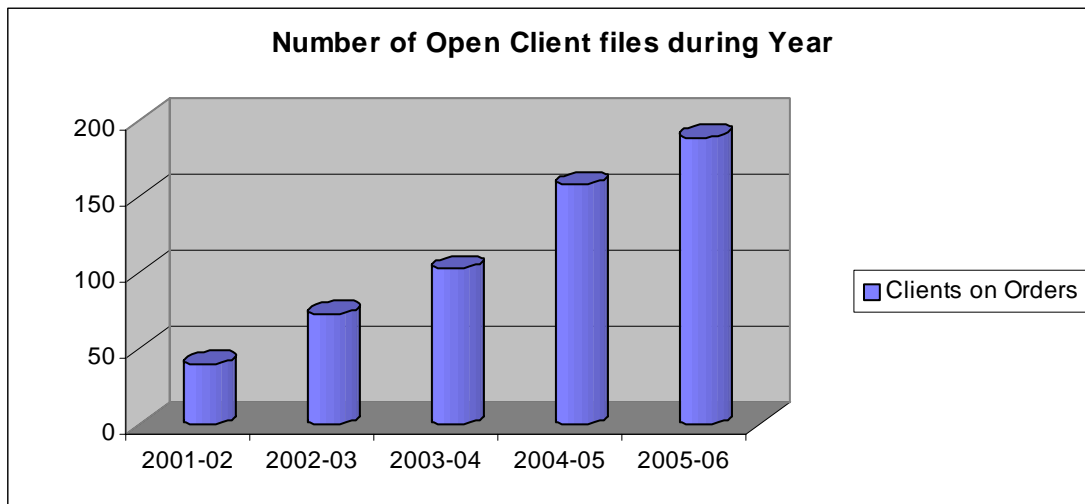
From July 2005 to June 2006, the Guardianship and Administration Board made 94 new appointments of the Public Guardian as guardian, renewed 10 existing orders, and made 2 administration orders appointing the Public Guardian, for a total of 106 orders. For 50 of these clients an emergency order was made, valid for 28 days. There were 81 appointments made in previous years that continued on, making a total of 187 guardianship and administration orders.

Workload Comparison Office of the Public Guardian:

	2005-06	2004-05
Open Cases at 1 July	88	70
No. of orders Lapsed or Revoked	13	12
No. of Emergency orders (28 days duration)	50	65
No. of New on going Guardianship Orders	42	34
No. of New on going Administration Orders	2	1
Total No. of clients on orders during the year	189	158

Open Cases at 30 June	101	88
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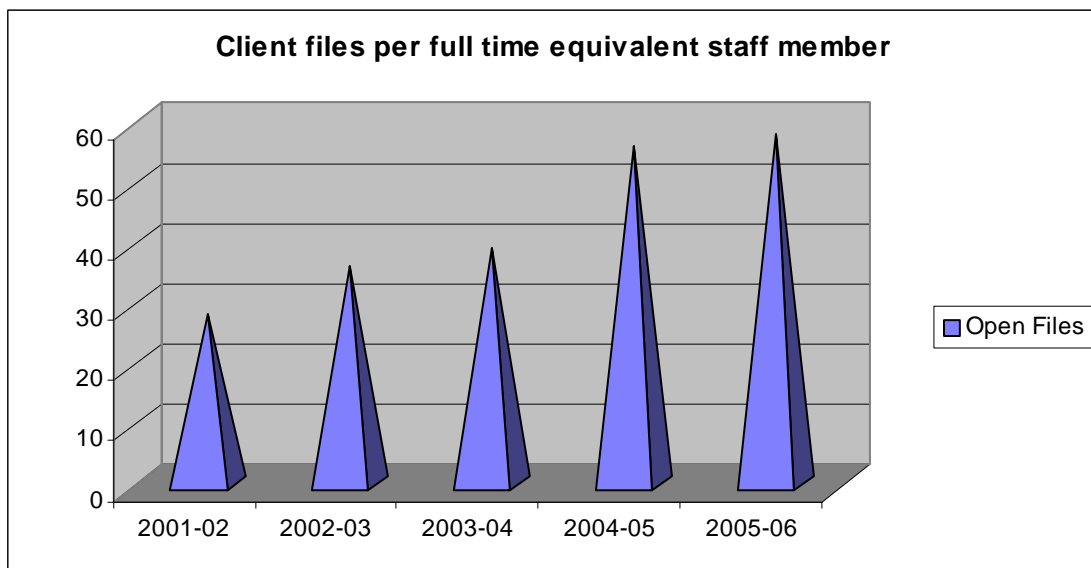
The reporting year 2005-2006 has been characterized by an escalating demand for advocacy and guardianship services which the Public Guardian has a responsibility to provide. The number of clients on orders in 2005-06 represents an increase of 467% in case volume in a four year period from 2002-03 to 2005-06, an increase from 40 to 189 cases.



The volume and complexity of cases being handled across our Office is significant, and at times overwhelming. This has been compounded by the rationalisation of services of other agencies which is affecting the level of support available to people who are unable to independently manage their own affairs.

During the same period the allocated staffing of the office has increased from 1.4 full time equivalents to 2.5 full time equivalents, with the Department of Justice funding a further 0.75 position to assist with the workload. However, the staffing has not kept pace with workload, resulting in the number of matters being dealt with by each staff member almost trebling over the period.

Additionally, when resources are compared across the country, Tasmania fares badly in its protection of vulnerable people. Given that the staff of this Office are available 24 hours/day and receive nearly 1100 after hours calls to make decisions for people, it is nearly an impossible task to continue to provide this State-wide after-hours function with so few people.



In terms of national benchmarking, the existing client load is more than 55 clients per staff member. National standards suggest that 25 to 30 clients per person is at the high end of what can be reasonably expected in order to ensure the safety and well-being of clients.

It is extremely disappointing to reconcile this increasing client workload with the other responsibilities of the Public Guardian in relation to community education and systemic advocacy which may, in the longer term, reduce or at least curtail the escalating demand for support through the formal Guardianship and Administration System. Clearly the role of the Public Guardian is vital in policy setting and the legislation defines the role as having a broad role in addition to case management, however I find myself taking on an increasing number of matters as the staff are at capacity.

By way of comparison the current structure of the office is:

Public Guardian (Case Management, Case Co-ordination, Policy and Systemic Advocacy) (1.0 FTE)		
Deputy Public Guardian (Case Management) (0.75 FTE – South)	Guardian (Case Management) (0.75 FTE - North/N-W)	Guardian (Case Management) (0.75 FTE - North/N-W)

Where as, if resources were available at the top end of the national benchmark the office would have this type of structure:

Public Guardian (Policy and Systemic Advocacy) (1.0 FTE)		
Deputy Public Guardian (Case Co-ordination and Case Management) (1.0 FTE – South)		
Southern Office Guardians (Case Management) 1.0 FTE 0.5 FTE 0.5 FTE Advisory Officer (Telephone Advice and Admin Support) 1.0 FTE	Northern Office Guardians (Case Management) 1.0 FTE 0.5 FTE Advisory Officer (Telephone Advice and Admin Support) 0.5 FTE	North West Office Guardian (Case Management) 1.0 FTE Advisory Officer (Telephone Advice and Admin Support) 0.5 FTE

This suggested structure would reduce case loads to within the high end 25-30 benchmark per fulltime equivalent guardian, allow for sufficient staff to handle the over 2500 general enquires, allow for better co-ordination of workloads and client interaction and also permit the Public Guardian to concentrate on more than crisis management, as is required by legislation.

Obviously this structure requires a significant increase in funding, from the around \$336,000 spent in this financial year to around \$800,000 in future years. The structure would need to be supported by a statewide office based presence, whereas all staff, except the Public Guardian, are currently casual employees who work from their own homes.

Advocacy, Investigation and Representation

From July 2005 to June 2006, the Public Guardian acted as an advocate or provided advice, information and assistance and responded to over 3800 telephone queries during business hours and 1090 telephone calls after hours and on weekends, representing 4890 calls. This represents a staggering increase in the number of telephone queries, up significantly from a total of 296 calls in 2001.

The Public Guardian continues to receive increasing numbers of cases for mediation, information, and advice, and continues to play an active role in trying to resolve issues without the need for Board hearings or the possible imposition of more restrictive solutions.

The demands on our time, coupled with the emergency and after hours work have been colossal. Without additional support and resources, this office will be forced into scaling back the services that we can provide to the people most in need.

7. Systemic Issues

The role of Public Guardian is a role that includes individual advocacy and guardianship service provision. It also encompasses a systemic advocacy function aimed at identifying and addressing common problems at their source. Systemic advocacy requires a longer term, strategic approach that is well informed by research, and communicated to key stakeholders and the community in a planned and professional way. It also requires a commitment of resources.

Due to the increasing nature of the Public Guardian's case load, there has been an ever diminishing scope for involvement in systemic issues, but there have been some major initiatives.

Enduring Guardianship

There are many people in Tasmania who are interested in the concept of making what used to be called a "living will". Many of us, at some stage in our lives, lose the capacity to make decisions because of accident, illness or some other event. If this happens, then decisions still need to be made, about important issues like what kind of medical treatment we will have or where we might best be cared for.

The idea of a "living will" has now been replaced by a concept called Enduring Guardianship. It is now possible for people to appoint a person or persons of their choosing to make decisions that are right for them. These decisions could include decisions about where to live, what health care to receive, and what other personal services could be received.

Appointing an Enduring Guardian is just as important as making a will, or appointing a Power of Attorney. Indeed, many people believe that because they have appointed a Power of Attorney that their personal needs will be met. But a Power of Attorney only gives the Attorney the power to deal with financial matters, not lifestyle and medical matters.

Many people have spouses and ex-spouses, relatives, friends, and some may have children and step-children from different partners. When it comes time to make a decision about what is best for the person who has lost the capacity to make appropriate decisions for themselves, there is sometimes conflict between carers. Appointing an Enduring Guardian means that a principal decision-maker is appointed who is willing to act in the best interests of the person with a disability. It is a clear and unambiguous decision, made in advance, which may lessen family conflicts and enable the rights of the person with a disability to be protected.

The Office of the Public Guardian initiated a campaign to promote the rights of Tasmanians to appoint an Enduring Guardian while they have capacity. It encourages people to appoint a person of their choosing, who understands and respects their values and wishes, and acts with their best interest at heart. It enables people to give

their Enduring Guardian instructions about decisions that the Enduring Guardian must carry out, so long as those decisions are lawful, clearly expressed and practically possible to carry out.

If people do not feel comfortable appointing friends or family members as their Enduring Guardian, then the Public Guardian is also available to be appointed. The Public Guardian is also available to meet with and assist people with the paperwork involved in appointing an Enduring Guardian.

The process of appointing an Enduring Guardian is simple, free, and confidential. All Tasmanians who are 18 years of age and over need to consider their futures, and to think about what kind of decisions they want for themselves, and to appoint an Enduring Guardian. This way, they will ensure that someone they know and trust will be able to speak for them in the event they become unable.

The Public Guardian travelled throughout Tasmania, hosting community forums in a variety of settings. Newspaper ads were taken out, and via news and radio interviews, a few thousand information kits were distributed from the Office of the Public Guardian and the Guardianship and Administration Board to people interested in appointing an Enduring Guardian.

The proportion of adult Tasmanians registering Enduring Guardians has gone from 1:1000 3 years ago to over 1:100 as at 30/6/06. There are now 3269 registered and an increase of 1341 in 05/06.

Respecting Patient Choices Program

In the US, a Patient Self Determination Act 1990 legislated that all people entering hospitals must be asked about advance planning and whether or not they wanted it.

A \$28 million project from 1992-1994 in US took place evaluated the initial legislation. Only 21% of patients in the study completed Advance Directives, and of 5% of patients who gave instructions, treating doctors overturned 1/3. Only 12% of those completing an Advance Directive even discussed it with their doctor. Although it was mandated by law, the failure of this project was attributed to lack of communication between patients and physicians, not ensuring that patient's wishes were documented in easy-to-find place (like medical record), attempts to intervene at times of medical crisis, and not addressing the cultural resistance to having these discussions common to both doctors and patients.

Most patients (85%) die after chronic illness, not sudden event. Up to 50% of these are not in a position to make their own decisions when near death. Problems occur when patients cannot be consulted, lines of communication break down, and families get upset.

One program stood out in its promotion of patient rights. Respecting Patient Choices was developed in Wisconsin, 1993, and was recently recognised as "best practice" by US National Coalition on Health Care and the Institute for Health Care Improvement. This program trains targeted nursing and allied health staff and selected volunteers to facilitate patient understanding of advance care planning.

The success of the program is attributed to shifting the focus away from the completion of legal documents to facilitating discussion about patient's values and preferences. It was initially introduced to select groups in hospital in order to establish staff support and then extended to rest of hospital and community.

The aims of the program were to: initiate conversations with adults about future medical care, assist individuals with advance care planning, make sure plans are clear and available, and appropriately follow plans.

The success of the program was attributed to using advance request forms to catalyse discussion, educating medical and key staff about the program and placing a plastic "green sleeve" containing the Advance Directive in the patient's medical records, which ensures it can always be easily found.

When a structured interview was used with patients with metastatic cancer, 95% of the patients rated the discussion as meaningful; 52% said it improved communication with either their families or their doctor, 38% said it helped them emotionally, 30% said it helped them identify resources, 18% felt better that someone cared, and 13% said it helped them set goals.

85% of patients who died in hospital had completed an Advance Directive form (increased from 15% pre-program), 96% of the forms were in green sleeve (increased from 4% pre-program) and in 98% of time patients wishes were followed (including a 100% compliance with wishes to not have CPR or be PEG fed). There was also an improved perception of the quality of care in an independent study.

Deceased patients with an Advance Directive form were 7 times less likely to die in hospital. Deceased patients without an Advance Directive form were 1.3 times more likely to have been hospitalised in the last 6 months of life and during the last 6 months of life to have cost a median of \$2000 more in hospital services.

The Respecting Patient Choice program was brought to Australia by Victoria's largest public hospital, the Austin. The Austin has 750 inpatient beds, and significant numbers of patients over 65 (20%). A survey in November 2001 showed only 9.5% of inpatients had ever completed an advance care plan and of these only 55% were currently active.

A project steering committee was established and a reference group of stakeholders established to monitor the implementation of Respecting Patient Choice in Australia (including the Public Advocate, Council on the Aging, Division of General Practice, National Institute for Clinical Studies, and relevant divisions of the hospital and patient representatives). Consumer input was obtained through focus groups with aged care consumers and consumers with life-threatening/terminal illnesses (who were also represented on the Steering Committee). Appropriate local documents were developed.

The Wisconsin team came to Melbourne to conduct the training program at the Austin for 30 staff (including nurses, chaplains, social workers and doctors) about how to educate patients about advance care planning. The course provided a program and materials. These trainers were then certified by the Wisconsin team to deliver the program in house.

Advance planning was piloted in 5 patient groups with the agreement of the relevant divisions: oncology/haematology; cardiology in-patients over 70 with unstable angina, heart failure or acute myocardial infarction; aged care ward patients (including rehab and placement wards); vascular and thoracic patients over 65; and renal dialysis patients (including transplantation patients). Further adaptation of model was made to the Australian setting and a further 90 people were trained.

The first evaluation of the program took place after 6 months. 47.4% of identified patients were exposed to the program and of these 68.3% wanted to document a request about future health care. Since the evaluation period, 49% of those patients died. Of these, 73.5% had a documented expression of interest in their medical record (compared to 8% pre-program). 78% of all patients requested no life prolonging measures if they could not interact meaningfully with loved ones in the future. Of all the medical records reviewed, 95% of patient wishes have been respected (including no CPR, ventilation, ICU admission, tube feeding, antibiotics etc).

The study empowered patients to recognise their ability to make informed decisions now (i.e. “I want no further chemo.” “I want no further ventilation.”)

The program does not increase anxiety if introduced sensitively. Patients are asked about goals and values in their lives and are reassured they will be cared for fully. Improvement in physical symptoms of depression, increase in patients’ belief that health professionals care more, better preparation for death, lessening of burden on loved ones (eg decrease in family stress about withdrawing treatment).

Of those who did not participate in the program, more intervention was carried out (ICU admission, tracheotomy, CPR).

The program has now expanded to 16 hostels and nursing homes in catchment area. Initial preliminary stats show that when advance care planning is done, 89% request no life-prolonging treatment (67% have requested no CPR; 27% have requested CPR only if they have a reasonable prospect of recovery). Of 35 initial patients, 7 have now died, and all have died in the nursing home. All of their wishes have been met.

\$1.4 million was made available from Commonwealth Government to roll this program out into the community. The Royal Hobart Hospital, with support from executive and key clinicians, obtained funding to implement this program. The Public Guardian has worked with the Royal Hobart Hospital and an Ethico-Legal Subcommittee to adapt the program’s documentation for Tasmania (Advance care plan, green sleeve process). The Public Guardian is chairing the Ethico-Legal Subcommittee and is involved in other steering committees of the project.

The program has begun to be implemented at the Royal Hobart Hospital with excellent results to date. Staff are being trained in having end-of-life and ongoing health care conversations with patients. Some staff have reported that this is the best program they have been involved with for years.

Success elsewhere suggests that the Royal Hobart Hospital pilot will work. Continuing the program will eventually require funding from the State government. If the results continue to be promising, the program could be rolled out to all Tasmanian hospitals, both public and private, as well as to other health care providers

and residential aged care facilities. The Public Guardian has discussed this initiative with key stakeholder groups such as the Division of General Practice, Directors of Nursing of aged care facilities, and hospital and community providers. There is tremendous support in the community for this program. To continue this program beyond the initial seed funding will require a commitment from the State government, which is urgently required. The cost of the roll-out would be more than offset by the savings to the Health budget long term, particularly given Tasmania's aging population. Patients participating in discussions about their own future should clearly be able to decline expensive medical tests and procedures or to make decisions that they do not wish to receive CPR or be put on life-support machines.

The Public Guardian urges the government to support this worthy program, which enhances dignity and autonomy of patients.

Young People in Nursing Homes

The Public Guardian continues to be concerned about the issue of young people in nursing homes. Consequently, the system is still as clogged up as was reported last year.

Many of these young people are placed in nursing homes because of degenerative neurological diseases such as multiple sclerosis, Parkinson's disease, motor neurone disease, Huntington's Disease, and acquired brain injury. Sometimes young people end up because of mosquito bites causing encephalitis, a severe asthma attack or a stroke.

There are many reasons why it is important to draw attention to the current accommodation and support options for younger people. Increasing numbers of younger people who need high levels of care and who cannot be cared for in the community either by families or other carers and support workers are being accommodated in aged care nursing homes.

If the only accommodation found is a nursing home, this has many dramatic results for the young person. Many people remain in a vegetative state for a considerable period of time. Hospitals tend to move young people straight to nursing homes once they have survived the acute phase of illness. But step down wards and slow recovery units would be more appropriate options. If young people have any prospect of a better life on discharge from hospital, a nursing home is not the place to provide it. They have limited support to make their own decisions and limited choices in their day-to-day activities. They may be living with limited space, as bedrooms in nursing homes are small, and lounge rooms are usually shared. There is little space for hobbies or having friends or family to stay. Young people need to have the space for developing and maintaining relationships, including intimate ones.

Nursing home residents are ineligible for special equipment through Commonwealth schemes, and cannot access specialist rehabilitation outpatient programs. Special exercise programs are important for young people if they are to retain mobility, cope with their emotions, and sleep well. Rehabilitation services need to be available.

Options for change

There has to be a solution to this problem. Other options have been found elsewhere, and we can achieve a better result in Tasmania.

It is essential that the Commonwealth and State governments, along with consumers, carers and advocates, work together to find solutions. Options need to be considered, such as a specialist unit or home for younger people who need high level care, individualised packages for younger people living with their families or in the community, and a group of units for younger people who need hostel or a low level of nursing care. Other creative approaches might be to establish cottages or wings attached to aged care facilities in such a way that both Commonwealth and State funding can be available.

Work continues on this issue with the formation of a national lobby group, an internet discussion group, and regular on-line meetings. The national group has attracted some excellent media coverage focussing on the specific stories of young people who live in nursing homes and their special needs.

People with mental illness

The number of people with significant mental health problems that are not being adequately addressed remains far too high. In 2005-06, 26% of new clients were people with mental illness.

The need for suitable, safe and affordable housing for people who have a psychiatric condition is a critical issue to ensure the maintenance of physical, emotional and mental health. Not only is there not enough supported accommodation to meet the current need, but homelessness or inappropriate housing continues to present as an issue that needs attention.

As well, communication strategies need to be set up which will benefit clients. All too often, clients are discharged from hospital without the hospital notifying appropriate support agencies, or indeed sometimes without notifying the client's family or decision-maker about the discharge.

Sexuality Issues

The Public Guardian continues to take an interest in the right to sexual expression of people with disabilities.

The Public Guardian believes that people with disabilities have the same human rights as all other members of society, including the right to access to information and education on contraception, reproduction, sexuality and sexual health and to privacy in their sexual lives.

The Public Guardian has continued to participate in the Sexuality and Disability Reference Group, which has as its purpose the monitoring of sexuality issues in relation to people with disabilities within Tasmania, and looks forward to continued involvement with this group in the coming year.

8. Community Education

Because of increasing workload pressure, the Public Guardian had to limit the number of information and community education sessions throughout the year, and was compelled to choose mostly bigger seminars and conferences with more participants. The Public Guardian gave 28 presentations to more than 1000 people on aspects of the Act, the Board, Respecting Patient Choices and the role of the Public Guardian to groups and agencies throughout the State, as well as providing telephone advice to a large number of individuals and service providers.

The number of education sessions in the coming financial year will be seriously curtailed if further resources are not forthcoming.

9. Investigations, Mediations, and Advocacy

The Guardianship and Administration Board may refer any suitable matter to the Public Guardian to investigate. This tends to occur in circumstances where there are concerns or allegations of neglect, exploitation or abuse of a person with a decision-making disability.

Cases have included:

- emotional abuse;
- health care disputes;
- mediation between carers, family members and service providers;
- physical neglect;
- self-neglect;
- psychological abuse;
- sexual abuse;
- accommodation;
- employment issues;
- contact with family members; and
- other lifestyle issues.

The Public Guardian will look at issues prior to the matter coming to hearing before the Board, collect further information that may assist in substantiating or disproving the concern raised, or provide advocacy or mediation in a particular matter.

10. Guardianship

The Office of the Public Guardian is responsible for providing guardianship services when the appointment of a Guardian is necessary, and there is no one else suitable or available to take on this role.

Medical Decisions

The Public Guardian is frequently called on by medical practitioners, social workers, case managers and other health or support workers to give advice about when it is necessary to have a guardian appointed to give consent to medical procedures.

The Guardianship and Administration Act clearly spells out the circumstances in which consent must be obtained. A comprehensive fact sheet is available which summarises the Act's relevant provisions, and this is available from both the Board and the Public Guardian's office. Additionally, the Public Guardian is happy to discuss complex cases with interested parties and provide advice about the legislation.

When circumstances warrant, the Public Guardian will seek an emergency order of the Board.

Other Lifestyle Decisions

The Public Guardian is also appointed to make decisions regarding accommodation, contact with family members, work situations, restraint orders, child custody matters and any other lifestyle matters as determined by the Guardianship and Administration Board.

11. Financial Statement 2005-06

	Budget	Actual Expend	Variation
EMPLOYEE RELATED			
Salaries (incl Rec/LSL)	162,167	210,702	-48,535
Other		2,709	-2,709
Work Comp Ins	400	246	154
Payroll Tax	11,719	14,444	-2,725
FBT	2,000	1402	598
Superannuation	14,934	20,711	-5,777
Training	3,750	2,516	1,234
Total Employee Rel	194,970	252,730	-57,760
TRAVEL AND TRANSPORT			
Travel	17,500	25,870	-8,370
Vehicle leases	6,000	7,637	-1,637
Vehicle other	2,580	2,738	-158
Total Travel & Trans	26,080	36,245	-10,165
ADVERTISING / PROMOTION			
Advertising	7,000	9,415	-2,415
Promotional Material	3,000	0	3,000
Printing	4,800	3,230	1,570
Total advertising	14,800	12,645	2,155
COMMUNICATIONS			
Postage		229	-229
Telephone	7,200	9,687	-2,487
Other		91	-91
Total Comms	7,200	10,007	-2,807
ACCOMMODATION			
Office Rental	7,800	7,803	-3

Other		478	-478
Total Accomm	7,800	8,281	-481
INFORMATION TECHNOLOGY			
Other Op leases	7,903	12,545	-4,642
Office equip under \$5000	3,048	116	2,932
Comp hardware under \$5000		617	-617
Software licences		666	-666
Other computers		283	-283
Total Info Tech	10,951	14,227	-3,276
OTHER EXPENSES			
Other admin		101	-101
Office requisites	900	2,166	-1,266
Equip maintenance		120	-120
Legal Costs		0	0
Miscellaneous	1224	205	1,019
Total Other Exp	2124	2592	-468
TOTAL	263,925	336,727	-72,802

11. Conclusion

I continue to be frustrated by the repetitive nature of many of the issues which continue to require attention in this annual report from year to year. However, there is one thing that is a source of pride to me, and that is the continuing dedication and commitment of my staff. The role they fulfill, working with vulnerable people in often difficult, emotionally charged circumstances poses many challenges and calls for a high level of skill and professionalism. I am consistently impressed with the way in which my staff not only respond to these challenges on their own behalf, but also how they support me in my role, and each other as part of a team.

In our work towards ensuring that Tasmanians with a decision-making disability are not personally or socially disadvantaged because of their disability, it is appropriate to

acknowledge the Guardianship and Administration Board, in particular the President Anita Smith, and the Board's excellent staff.

The challenge we have in the future is to continue to address specific issues which may undermine the rights and quality of life of the people we represent, and also raise awareness about the community's role in safeguarding the rights of all its members. The challenge ahead is to maintain and build on our achievements in the current economic and social climate.

Lisa Warner

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